



NC Department of Health and Human Services Separation Action Form (SAF)

Division/Facility/School: _____

Department/Unit: _____

Date Prepared: _____

Employee Name: _____

Social Security # (last four digits): _____

Position Number: _____
(15 Digit Number)

Effective Date of Separation: _____

SECTION I	Permanent Separation or Transfer to Other State Agency						
Supervisor: <i>Attach: Notice Of Resignation; Signed And Audited Leave Record; Final Performance Management System, (PMS) Work Plan With Overall Rating Summary.</i>							
Last work day: _____ (for resignation, employee <u>must work</u> on the effective <u>date of separation</u>)							
(Check Appropriate Box)							
<input type="checkbox"/> Resigned	<input type="checkbox"/> Transfer to Another State Agency						
<input type="checkbox"/> Retired	<input type="checkbox"/> Reduction-In-Force						
<input type="checkbox"/> Temporary Appointment Ended	<input type="checkbox"/> Death						
<input type="checkbox"/> Did Not Report							
<input type="checkbox"/> Dismissal							
<input type="checkbox"/> Other							
New Employer (optional) _____ (used to determine if leave balances are transferable)							
If employee is transferring to another state agency or local public agency subject to the State Personnel Act, school system, community college or agricultural extension service, vacation and sick leave balances may be transferred.							
New Agency Contact Name: _____ Phone: _____ (Need to know where to inquire about leave balances or send file)							
FINAL LEAVE ACCOUNT	Enter Appropriate Leave Information For Permanent Separation or Transfer below: (To be coordinated between supervisor and timekeeper)						
<table><tr><td>Sick Leave Balance</td><td>Hours/Minutes: _____</td></tr><tr><td>Vacation Leave Balance</td><td>Hours/Minutes: _____</td></tr><tr><td>Bonus Leave Balance</td><td>Hours/Minutes: _____</td></tr></table>		Sick Leave Balance	Hours/Minutes: _____	Vacation Leave Balance	Hours/Minutes: _____	Bonus Leave Balance	Hours/Minutes: _____
Sick Leave Balance	Hours/Minutes: _____						
Vacation Leave Balance	Hours/Minutes: _____						
Bonus Leave Balance	Hours/Minutes: _____						
Adverse Weather Taken Balance : Hours: _____ Community Service Leave Balance : Hours: _____							
Family Medical Leave Taken [FMLA]: Hours: _____ through _____ Date: _____							
Family Illness Leave Taken [FIL]: Hours: _____ through _____ Date: _____							
Holiday(s) not taken, to be paid: _____ Hours: _____							
Compensatory Time Balance (Exempt Employee): (Exempt Employees lose time, not eligible for payment; balance may be transferred within DHHS): Hours/Minutes: _____							
Compensatory Time Balance (Subject Employee): (Subject Employees, to be paid for time approved) Hours/Minutes: _____							
IMPORTANT	Forwarding Home Address: (employment information may be mailed to this address)						
Type or print clearly	_____						

Telephone: _____	Email: _____						



NC Department of Health and Human Services Separation Action Form (SAF)

SECTION II	Temporary Separation
Supervisor: Submit written request from employee, current leave record and supporting documentation for request.	
<i>(Check Appropriate Box)</i>	
<input type="checkbox"/> Family Medical Leave (FMLA)	<input type="checkbox"/> Workers' Compensation Leave
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Educational Leave
<input type="checkbox"/> Family Illness Leave (FIL)	<input type="checkbox"/> Leave Without Pay
<input type="checkbox"/> Military Leave	<input type="checkbox"/> Other _____
Last Actual Workday: _____	
Projected Date of Return: _____	
Enter Appropriate Leave Information For Temporary Separation Below: <i>(To be coordinated between supervisor and timekeeper)</i>	
Sick Leave exhausted:	Hours/Minutes: _____ Dates: _____ through _____
Vacation Leave exhausted:	Hours/Minutes: _____ Dates: _____ through _____
Bonus Leave exhausted:	Hours/Minutes: _____ Dates: _____ through _____
Compensatory Time exhausted:	Hours/Minutes: _____
Adverse Weather Taken Balance:	Hours/Minutes: _____ Community Service Leave Balance: Hours: _____
Family Medical Leave [FMLA] Balance:	Hours: _____ through _____ Date: _____
Family Illness Leave [FIL] Balance:	Hours: _____ through _____ Date: _____
Employee Will Retain The Following Balances While Temporarily Separated:	
Sick Leave:	Hours/Minutes: _____
Vacation Leave:	Hours/Minutes: _____
Bonus Leave:	Hours/Minutes: _____
Compensatory Time:	Hours/Minutes: _____

Supervisor's Signature: _____ Date: _____